LEOMINSTER RECREATION DEPARTMENT
Preschool Program 2008   Ages 2.9 - 5

Registrations are done on a first-come first served basis or lottery with priority given to Leominster residents. The Leominster Recreation Department reserves the right to cap the number of registrations for any program based on availability of personnel, facilities or any other factors affecting the program.

Registrations and payments may be mailed to 25 West Street, Leominster, MA 01453 or dropped off at The Leominster Recreation Department, 40 Barrett Parkway, Leominster, MA for all programs. Make checks payable to the Leominster Recreation Department. Office #978-534-7529

Participant First Name: _____Last Name: _____

DOB: _____ AGE:_____GRADE:_____Sex: Male _____ Female _____

Address: _____Home Phone:_____

City/State: _____Zip: _____E-mail: _____

 Preschool Programs are rain or shine. Children will have an opportunity to play sports, games, try their hands at arts and crafts, and explore nature with other participants, story time and more. The Programs will run for 6 weeks, 1 – week sessions, beginning June 30th and ending August 8, 2008**. Hours are 8:00 – 4:00 p.m.** There will be extended day offered in the afternoons only for an additional cost.   The cost is $5.00 per session from 4:00 – 5:30 pm. If you wish to sign your child up for extended day please fill out the extended day section.

Non-Resident Fee: Add $5.00 per program per week
EMERGENCY CONTACT INFORMATION

*When emergency situations arise, we want to be able to handle them according to your wishes, if possible.
Please fill in ALL the following information. Indicate by number ( ) the order of preference for contacting the people listed.
 Mother's Name: _____ ( ) Mother's Phone #: _____
( ) Mother's Work #:_____ ( ) Mother's Cell #:_____

Father's Name: _____( ) Father's Phone #:_____
( ) Father's Work #:_____( ) Father's Cell #:_____

Emergency Contact: _____ ( ) Emergency Phone: _____
Doctor's Name: _____( ) Doctor's Phone:_____

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: _____ALLERGIES:_____
ANY SPECIAL MEDICAL CARE? _____
ACTIVITY RESTRICTIONS: _____

MY CHILD CAN BE PICKED UP **ONLY** BY (other than parent)
1._____ 2._____

THIS FORM MAY BE DUPLICATED.

PHOTOGRAPHIC CONSENT AND WAIVER

__ My child _____ has permission to be photographed during Recreation programs for publicity purposes by members of the press.
__ My child _____ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.
__ My child _____ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

Sign Here: Parent/Guardian:_____Date:_____
PLEASE FILL OUT PROGRAM INFORMATION ON BACK----------------------→

First Name:_____Last Name:_____ **PRESCHOOL**

The deadline for weekly registrations with payments must be made on the Thursday prior to the following week. After the initial registration, further weekly payments can be made at program office if space allows. Office # 978-534-7529

PRE – SCHOOL PROGRAM: Ages 2.9 – 5. Location: Leominster High School
REGISTRATION FEE: WEEK 1: $60.00 per child due to the holiday or $20.00 per day   **WEEK 2 – 6:** $80.00 per week/per child or $20.00 per day. Payments may be taken at site location for this program.

WEEK 1: Will your child attend?   All Week:_____   Partial Week:_____
Please fill in time below if needed: **Closed July 4th**

Extended Day: (4:00 – 5:30pm) Only	Mon. _____ Tues. _____ Wed._____ Thurs._____ Fri**. CLOSED**

Total extended day hours:_____ X $5.00/hr. = total:_____

> **Office use only: June 30 – July 3**
> **WEEK 1:** Cost for the Week**: $60.00**
> Extended Day Amt Paid:_____
> Total Amount Paid:_____
> Date:_____Check #_____
> Cash:_____Receipt #_____

WEEK 2: Will your child attend?   All Week:_____   Partial Week:_____
Please fill in extended time below if needed:

Extended Day: (4:00 – 5:30pm) Only	Mon. _____ Tues. _____ Wed._____ Thurs._____ Fri_____

Total extended day hours:_____ X $5.00/hr. = total:_____

> **Office use only: July 7 – 11**
> **WEEK 2:** Cost for the Week: **$80.00**
> Extended Day Amt Paid:_____
> Total Amount Paid:_____
> Date:_____Check #_____
> Cash:_____Receipt #_____

WEEK 3: Will your child attend?   All Week:_____   Partial Week:_____
Please fill in extended time below if needed:

Extended Day: (4:00 – 5:30pm) Only	Mon. _____ Tues. _____ Wed._____ Thurs._____ Fri_____

Total extended day hours:_____ X $5.00/hr. = total:_____

> **Office use only: July 14 - 18**
> **WEEK 3:** Cost for the Week**:$80.00**
> Extended Day Amt Paid:_____
> Total Amount Paid:_____
> Date:_____Check #_____
> Cash:_____Receipt #_____

WEEK 4: Will your child attend?   All Week:_____   Partial Week:_____
Please fill in extended time below if needed:

Extended Day: (4:00 – 5:30pm) Only	Mon. _____ Tues. _____ Wed._____ Thurs._____ Fri_____

Total extended day hours:_____ X $5.00/hr. = total:_____

> **Office use only: July 21 – 25**
> **WEEK 4:** Cost for the Week: **$80.00**
> Extended Day Amt Paid:_____
> Total Amount Paid:_____
> Date:_____Check #_____
> Cash:_____Receipt #_____

WEEK 5: Will your child attend?   All Week:_____   Partial Week:_____
Please fill in extended time below if needed:

Extended Day: (4:00 – 5:30pm) Only	Mon. _____ Tues. _____ Wed._____ Thurs._____ Fri_____

Total extended day hours:_____ X $5.00/hr. = total:_____

> **Office use only: July 28 – August 1**
> **WEEK 5:** Cost for the Week: **$80.00**
> Extended Day Amt Paid:_____
> Total Amount Paid:_____
> Date:_____Check #_____
> Cash:_____Receipt #_____

WEEK 6: Will your child attend?   All Week:_____   Partial Week:_____
Please fill in extended time below if needed:

Extended Day: (4:00 – 5:30pm) Only	Mon. _____ Tues. _____ Wed._____ Thurs._____ Fri_____

Total extended day hours:_____ X $5.00/hr. = total:_____

> **Office use only: August 4 - 8**
> **WEEK 6:** Cost for the Week**: $80.00**
> Extended Day Amt Paid:_____
> Total Amount Paid:_____
> Date:_____Check #_____
> Cash:_____Receipt #_____